

CITY OF READING

Summer Tennis Club Registration

Name of Participant: _____

Address: _____
Street City Zip

Email: _____

Age: _____ Gender: ____male ____female Phone: _____

School Name: _____

Emergency Contact Name: _____ Emergency Phone#: _____

**Please mark an (X) next to program location, time and circle player level you are registering for.
If you are unsure which group level leave blank.**

<u>Location</u>	<u>Time</u>	<u>Group Level</u>
____Hampden Park	____9:00am-10:15am	Red, Orange, Green, Baller
	____10:30am-12:00noon	Red, Orange, Green, Baller
____Hampden Park (Team Tennis)		

____Baer Park	____9:00am-10:15am	Red, Orange, Green
	____10:30am-12:00noon	Red, Orange, Green
____Baer Park (Team Tennis)		

____City Park	____11:00am-12:00noon	Red, Orange, Green
____City Park (Team Tennis)		

____West Reading	____9:00am-10:15am	Red, Orange, Green
	____10:30am-12:00noon	Red, Orange, Green
____West Reading (Team Tennis)		

Club Fee: \$15 first child, \$10 each additional, \$30 family fee
\$25 non resident fee, \$15 each additional child or \$50 family fee

Mail to: Recreation Office Checks payable to "City of Reading"
Attn: Tennis Program
320 South 3rd Street
Reading PA 19602

The undersigned in consideration of admittance to this activity does hereby for myself, my minor child, all heirs, successors, and assigns agree to release, waive, and forever discharge from all liabilities and further agree to indemnity, save and hold harmless the City of Reading, Division of Recreation, Council members, agents and employees from any loss, liability, damage, or costs which may be incurred due to participation in this activity.

I hereby authorize and grant permission to the City of Reading and any of its authorized agents to use my photographic image for any electronic or non-electronic form or media. I agree that my image may be reproduced, edited and used in whole or in part for any and all media, including, without limitation, print, audio-visual, multimedia and/or exhibition purposes, in any manner, in perpetuity and throughout the world. I understand and agree that I have no rights to any benefits derived from any such image. I expressly release and forever discharge the City of Reading and any of its authorized agents any and all claims and demands of any kind whatsoever in relation to, or arising out of the use of my photographic image. I have read this release before signing below, and I fully understand the contents, meanings and impact of this release and waiver.

SIGNATURE OF PARTICIPANT: _____ DATE: _____
(if participant is under 18, Parent or Guardian signature required)